

VOLUNTEER INFORMATION SHEET

(Please type or print)

1. Name _____
(Last) (First) (Middle)
2. Home Address _____
City _____ State _____ Zip _____
Home phone _____ Cell phone _____
E-mail _____
3. Business Address _____
City _____ State _____ Zip _____
Phone _____
4. **IN CASE OF EMERGENCY: Contact** _____
Relationship _____
Phone _____ Business Phone _____
Doctor _____ Phone _____
5. Current Occupation _____
6. Previous Volunteer Work Experience (Include dates): _____

7. Education (current & past) _____

8. Special Education or Training which you feel is relevant to working with the elderly

9. Hobbies, Skills, Special Interests _____

10. Community Group Affiliations (Clubs, councils, committees, etc) _____

11. Prior Experience _____

12. *Type of Activities Preferred* _____

13. *Type of Volunteer Assignment Desired* _____

14. *What (if any) physical conditions should be taken into consideration in arranging volunteer assignments for you?* _____

15. *Days preferred for Volunteer Work?* _____

16. *Hours preferred for Volunteer Work?* _____

17. *Would you consider volunteering for special events or during emergency situations?*

18. *Please list three (3) personal references:*

Name _____

Address _____ *Phone* _____

Name _____

Address _____ *Phone* _____

Name _____

Address _____ *Phone* _____

May we contact these individuals? Yes _____ *No* _____

19. *Who referred you to this facility to volunteer?* _____

20. *Have you been convicted of any crime? Yes* _____ *No* _____

If yes, explain: _____

Comments: _____

Signature

Date

If under 18 years of age:

I authorize my child to perform volunteer services for _____

I have read the Volunteer Handbook and have discussed its contents with my child.

Parent Signature

Date

VOLUNTEER CONFIDENTIALITY STATEMENT

Our community stresses the importance of protecting the rights and privacy of residents, their families, and our team members. The practice of maintaining the confidentiality of verbal information and written records is a basic policy of our facility. This practice is in accord with one of the primary ethical principles of professional behavior in a setting that involves care for the elderly.

The identity of residents and their families should be revealed only in cases of professional necessity as in an adult abuse, exploitation, or neglect.

AGREEMENT:

I agree to respect the confidentiality of all information and reports, verbal or written, regarding the residents, families, and staff within the facility, and will not disclose any such information except as directed by the Administrator or appropriate Court Order.

Signature _____
Volunteer

Date _____

Signature _____
Supervisor

Date _____

Volunteer Opportunity Checklist

Thank you for your interest in Volunteering at Chesterbrook Residences. You will be providing a very important service to the residents who live here; we are sure it will be a rewarding and personally gratifying and satisfying opportunity for you.

In order for us to make your volunteer service the most rewarding possible, we want to best match your experience and interests with opportunities available within the community. Please take a moment to complete the information below.

Circle or Check Area of Interest and/or Experience:

Creative Arts:

Photography
Poetry/Writing
Card Making
Music
Dance
Theatre
Sewing
Quilting
Calligraphy
Knitting
Seasonal Crafts
Drawing/Painting
Flower Arranging
Reading to Residents
Assistance with Greeting Cards
Other: _____

Spiritual and Religious:

Hymn Sings
Bible Study
Worship Service
Communion
Other: _____

Building and Grounds:

Library
Bulletin Boards
Holiday Decorating
Outdoor Gardens

Education and Information:

Computer Lessons
Current Events
Historian
Other: _____

Support Services:

Reception Desk
Library
Move-In Helper
Apartment Set-up Assistance
Errand Services
Van Driver
Gift Shop

Special Events:

Social Event Planning
Hostess/Greeter
Pet Therapy
Server

Fun and Games:

Bingo
Bridge
Casino Night
Other Games: _____
Movie Night

Name _____

Phone Number _____

Email _____

I am most available to Volunteer on the following days/times: _____

Chesterbrook Residences Volunteer Code of Conduct

As a volunteer, I promise to strictly follow the rules and guidelines in this Volunteer's Code of Conduct as a condition of my providing services to the residents of Chesterbrook Residences Assisted Living Community.

As a volunteer, **I will:**

- Treat everyone with respect, loyalty, patience, integrity, courtesy, dignity, and consideration.
- Refuse to accept gifts from residents or resident family members.
- Refrain from giving gifts to residents without prior written approval from the Executive Director.
- Report suspected abuse to the Executive Director, or appropriate supervisor and Adult Protective Services (APS). I understand that I have a moral obligation to report suspected abuse.
- Cooperate fully in any investigation of abuse.

As a volunteer, **I will not:**

- Use, possess, or be under the influence of alcohol at any time while volunteering.
- Use, possess, or be under the influence of illegal drugs at any time.
- Pose any health risks to residents (i.e., no fevers or other contagious situations).

I understand that any action inconsistent with this Code of Conduct or failure to take action mandated by this Code of Conduct may result in my removal as a volunteer.

Volunteer's Printed Name

Volunteer's Signature

Date

**VOLUNTEER
SWORN STATEMENT OR AFFIRMATION**

In order to ensure resident safety, we require all volunteers to complete a sworn statement or affirmation disclosing any criminal convictions or pending criminal charges, whether within or outside the Commonwealth of Virginia.

Individuals convicted of the following cannot volunteer in our assisted living community: murder, abduction for immoral purposes, assaults and bodily wounding, robbery, sexual assault, arson, pandering, crimes against nature involving children, taking indecent liberties with children, abuse and neglect of children, failure to secure medical attention for an injured child, obscenity offenses or abuse or neglect of an incapacitated adult.

All volunteers shall be subject to a check against the Virginia Sex Offender Registry.

Please print the information required in section one.

PLEASE PRINT:

1. Last Name	First	Middle/Maiden
Current Mailing Address: Street	City	State Zip

2. Have you been convicted of any violations of law, as listed above including offenses committed before your eighteenth birthday which were finally decided in a juvenile court or under a youth offender law? ___ yes ___ no. If yes, list all and explain. _____

3. Are you the subject of any pending criminal charges? ___ yes ___ no. If yes, please explain. _____

4. I hereby affirm that the information provided on this form is true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment offered by this property. I understand that all information on this form is subject to verification.

Volunteer's Printed Name

Volunteer's Signature

Date

VOLUNTEER RELEASE

I, _____, a volunteer of _____ am fully aware and in agreement that any work I do in association with _____ is completely voluntary. I understand that I am not obligated in any way to _____ or its agents, owners, or employees to continue my volunteer work and can cease my volunteer acts as I so desire.

I will not hold _____, nor its agents, owners or employees responsible for any injury which occurs to me during any voluntary acts.

Printed Name

Signature

Date

For guardians of children under age 18: I agree that I am the custodial parent or legal guardian of the above child and authorize my child to participate in volunteer work within the outlined provisions.

Parent / Guardian Signature

Date